

Name
in
Full

Benjamin J. Bell.

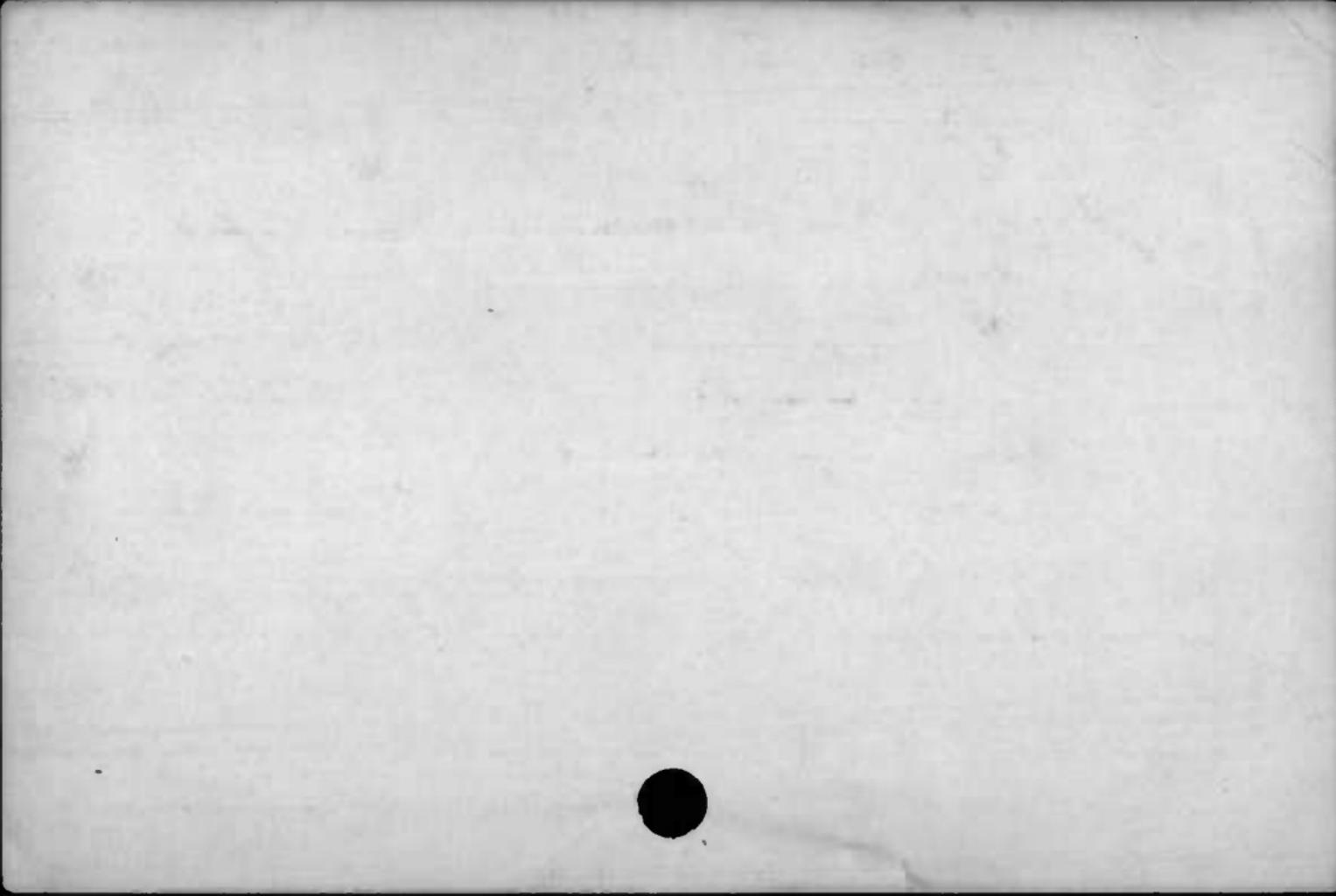
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Nov.	Day 16	Years 74	Months 10	Days 25
Sex Male	Color or Race White	Birth-place Md.			
Occupation Farming	Where Residing if not at place of death Gaylords Island				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John G. Bell	✓	Father's Birthplace Md.			
Mother's Maiden Name Mary. Navy.	✓	Mother's Birthplace Md.			
Name of person giving information Tabitha Sacum	How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Aortic Regurgitation	How long
	Immediate Loss of Compensation	How long 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. T. C. Oliver, Jr.
		Address Taylors Island.
Accident or Suicide?		St. Co. Md.



Name
in
Full

W. Leistor Foxwell

CERTIFICATE OF DEATH

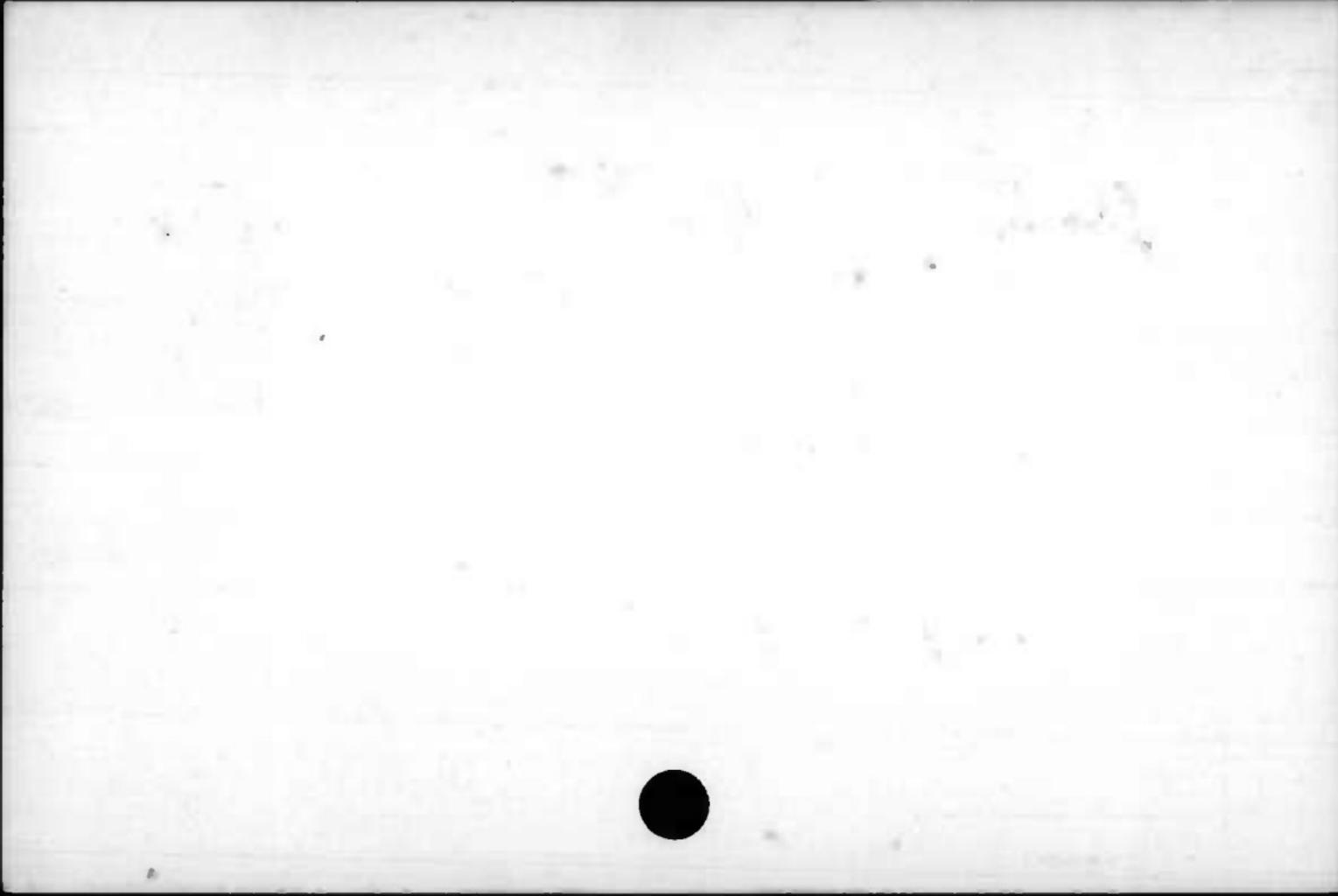
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Mar	Day 25	Years	Months	Days
Age	6				
Sex Male	Color or Race White	Occupation			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	F. H. Foxwell		105	Father's Birthplace	Md
Mother's Maiden Name	Sally Jane Brown			Mother's Birthplace	Md
Name of person giving Information	Sally F. Foxwell			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	I month
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. G. P. Jones
		Address	Levittown Md
Accident or Suicide?	No		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Name in Full				CERTIFICATE OF DEATH			
Died at	Place		County	MARYLAND			
Date of death 190	Month	Day	Age	Year	Months	Days	
Sex	Male	Color or Race	White	Birth- place	Unknown		
Married, Single or Widowed	Unknown		Occupation	Oyster dredger			
Name of Wife or Husband							
Father's Name	Unknown		Father's Birthplace	Unknown			
Mother's Maiden Name	Unknown		Mother's Birthplace	"			
Name of person giving Information	None		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hammering	How long
Immediate		How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

E. A. Jones
Cottage Rd

Accident or Suicide? Yes. Inquest



Name
in
Full

Emily Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Nov.	Day 16-	Years 45	Months -	Days -
Sex Female	Color or Race Colored	Birth-place Md.			
Married, Single or Widowed	Occupation Housewife				
Name of wife or Husband	Wm. Henry				
Father's Name	Jacob Harris		Dad Co		
Mother's Maiden Name	Don't know		Mother		
Name of person giving Information	William Henry		Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

his wife

Immediate

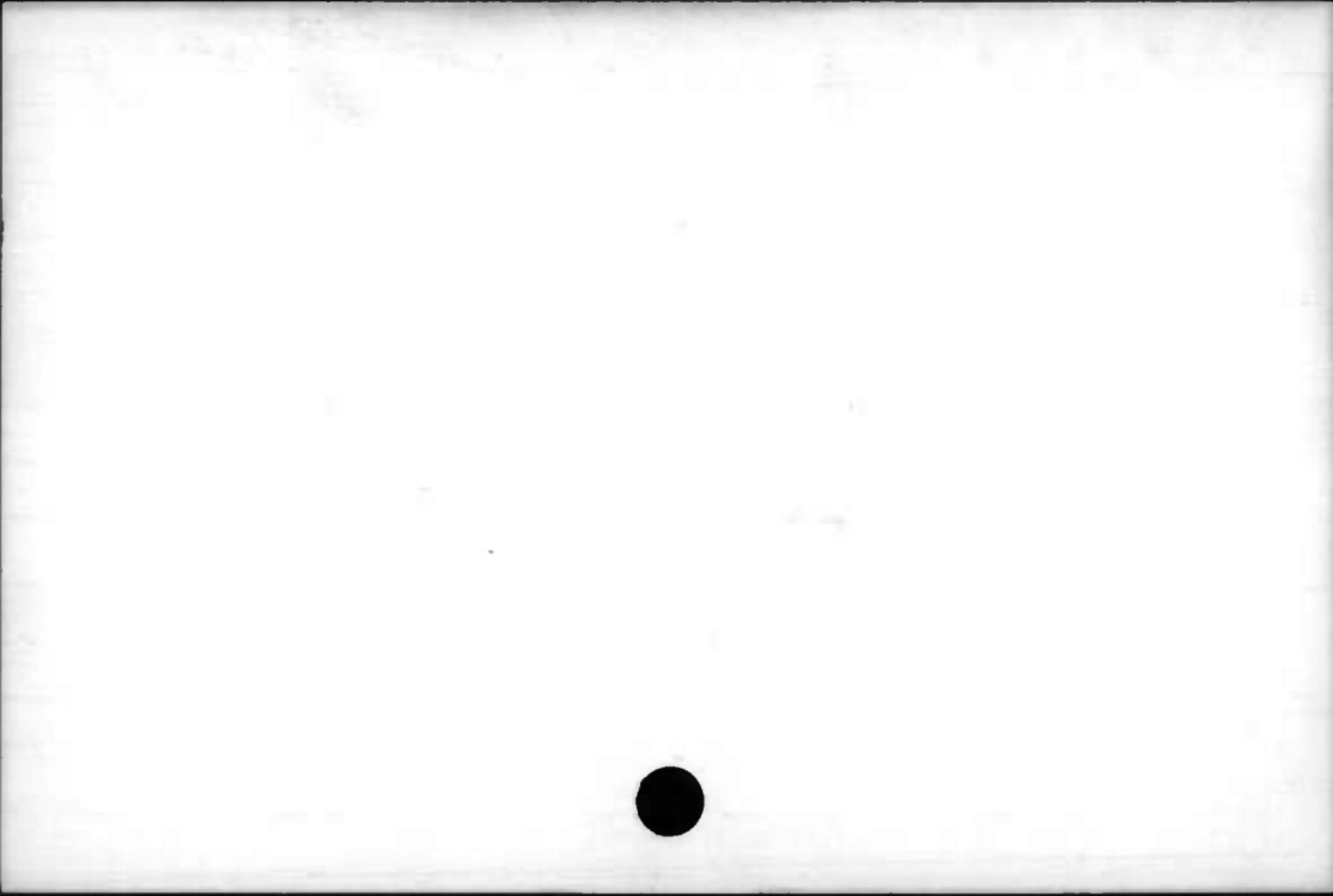
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G.F. Maguire M.D.
Church Creek
Md.

Accident or Suicide?



Name
in
Full

Charles Hurst ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Cambridge	Dorchester			
Date of death	1903 Nov 3	Month	Day	Years	Months Days
Sex	Male	Color or Race	white	Age	32
Married, Single or Widowed			Occupation	Dairymen	
Name of Wife or Husband	Amanda Duties				
Father's Name	John Hurst		Father's Birthplace	Dorco Md	
Mother's Maiden Name	Rhody Wheatley		Mother's Birthplace	" " "	
Name of person giving information	Mr C. L. Symons		How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apendicitis

How long

Several years

Immediate

Hæmorrhage

How long

6 or 7 weeks

Are the name, age, sex, color, date and place correctly given above?

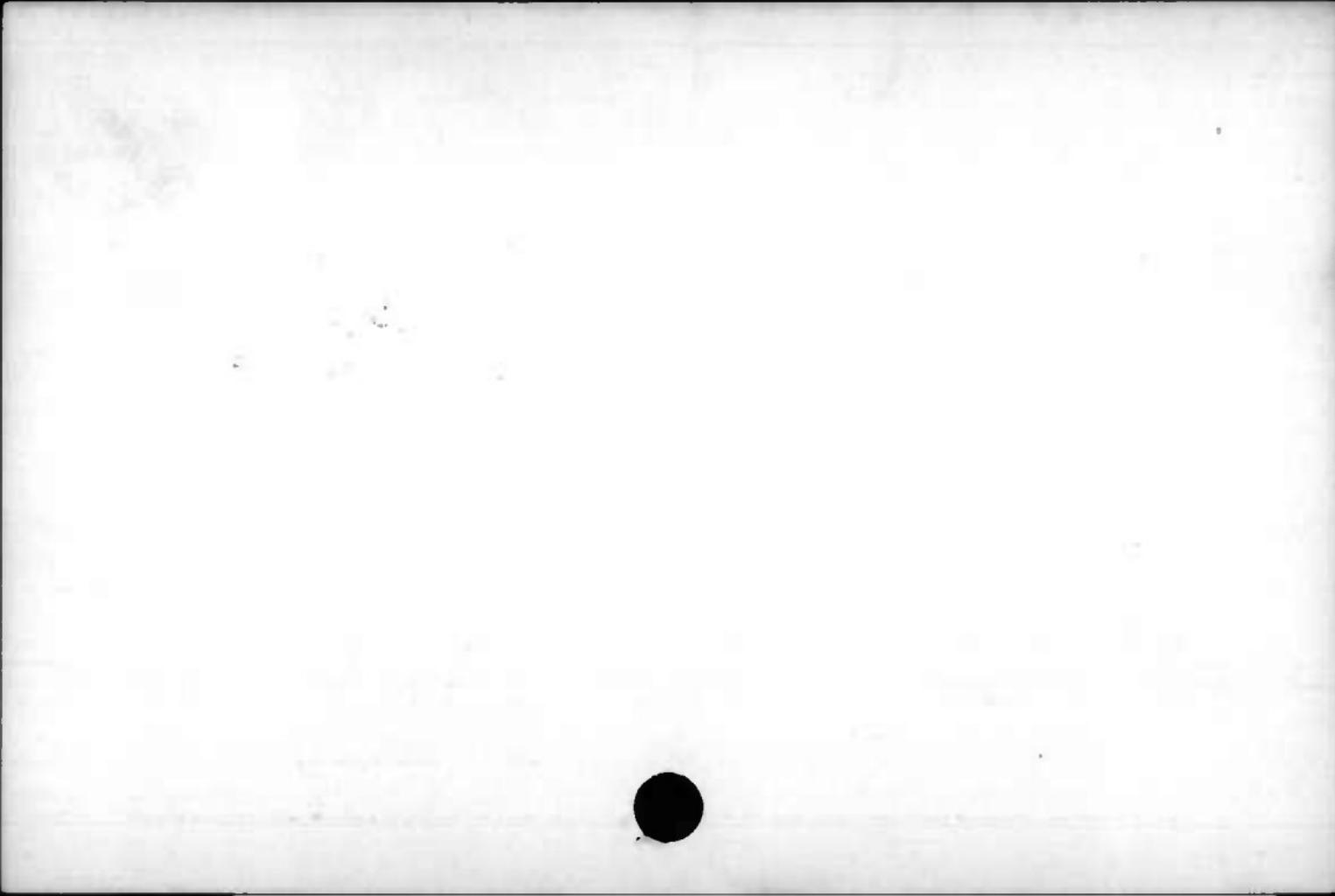
Yes

Signature of Physician

Address

Dr. Golar Brown
Cambridge Md

Accident or Suicide?



Name in Full

Certificate of Death

Mrs. Harry Gracer
 Town Aireys County Dorchester

MARYLAND

Died at

Date 1891903

Month Nov

Day 7

Y. M. D.

Native of

Occupation

Mate

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Solomon Gracer
 Charles Hash

Mother's

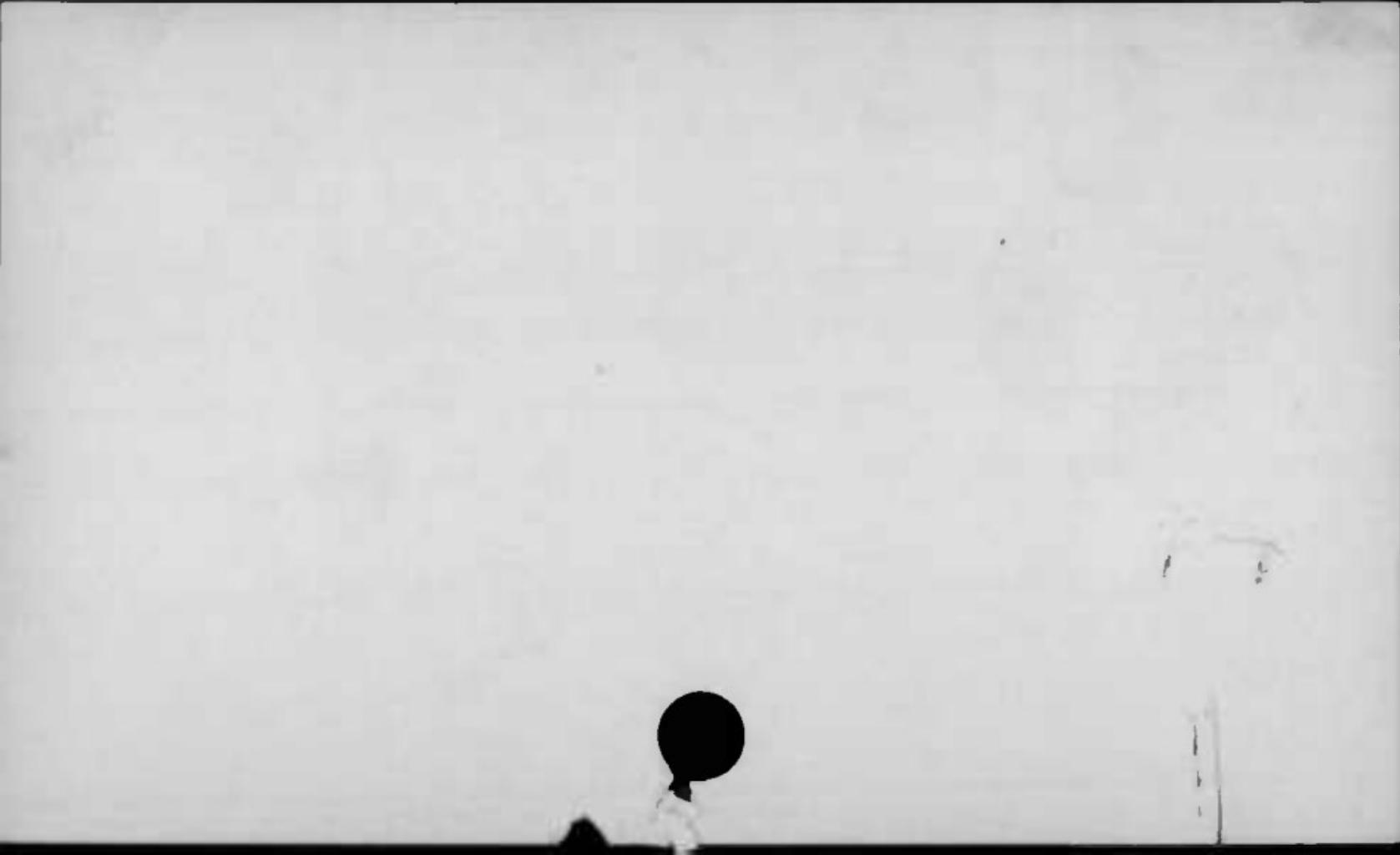
Name

How long sick

5 weeks

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daniel Merrick

Town

County

Died at

Worrells Grove Dorchester

MARYLAND

Date 1903

Month 11

Day 19

Y.

M.

D.

Native of

Md -

Occupation

Farmer

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

52

Father's
Name

Art Brown

Mother's
Name

Corona Brown

Cause of

Primary

How long sick

Death

Immediate

Addison Disease

60 days

Accident, Suicide, Homicide

Reported by

Bargers

Address

E. Newmarket

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Irene Marick

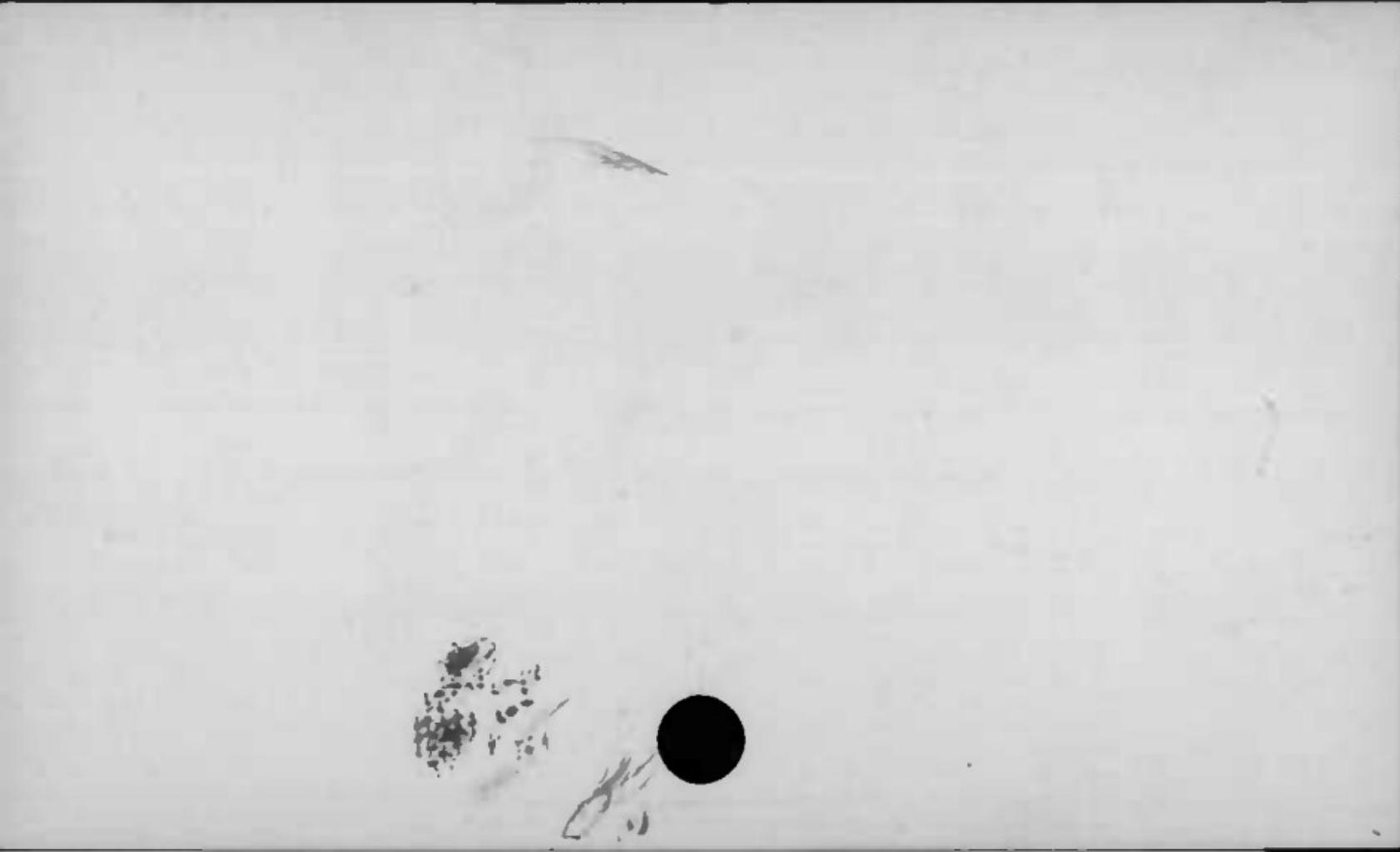
Died at Secretary Town Dorchester County MARYLAND

Date 189	Month 11	Day 22	Age 2-6	Y. 2	M. 6	D.	Native of Nod -	Occupation Baby
Male	White	Married		Widow			Divorced	
Female	Colored	Single		Widower			Number of children living	0

Husband _____ of _____
Wife _____
Father's Name William Merrick Mother's Name Bertha Merrick

Reported by Dr. A. V. Sayers
Address East Pier, Market Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John R. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Bishop Head Rochester

MARYLAND

Date of death 190 Month Day Years Months Days
of death 190 3 Nov 14 Age _____ 1 Months 4 Days

Sex Male

Color or Race

White

Birth-place

Md

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

150

Father's Name

John R. Mills

Father's Birthplace

Md

Mother's Maiden Name

Mary Slocum

Mother's Birthplace

Md

Name of person giving
Information

Mary Mills

How related
to deceased

Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hypertension

How long

1 month

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

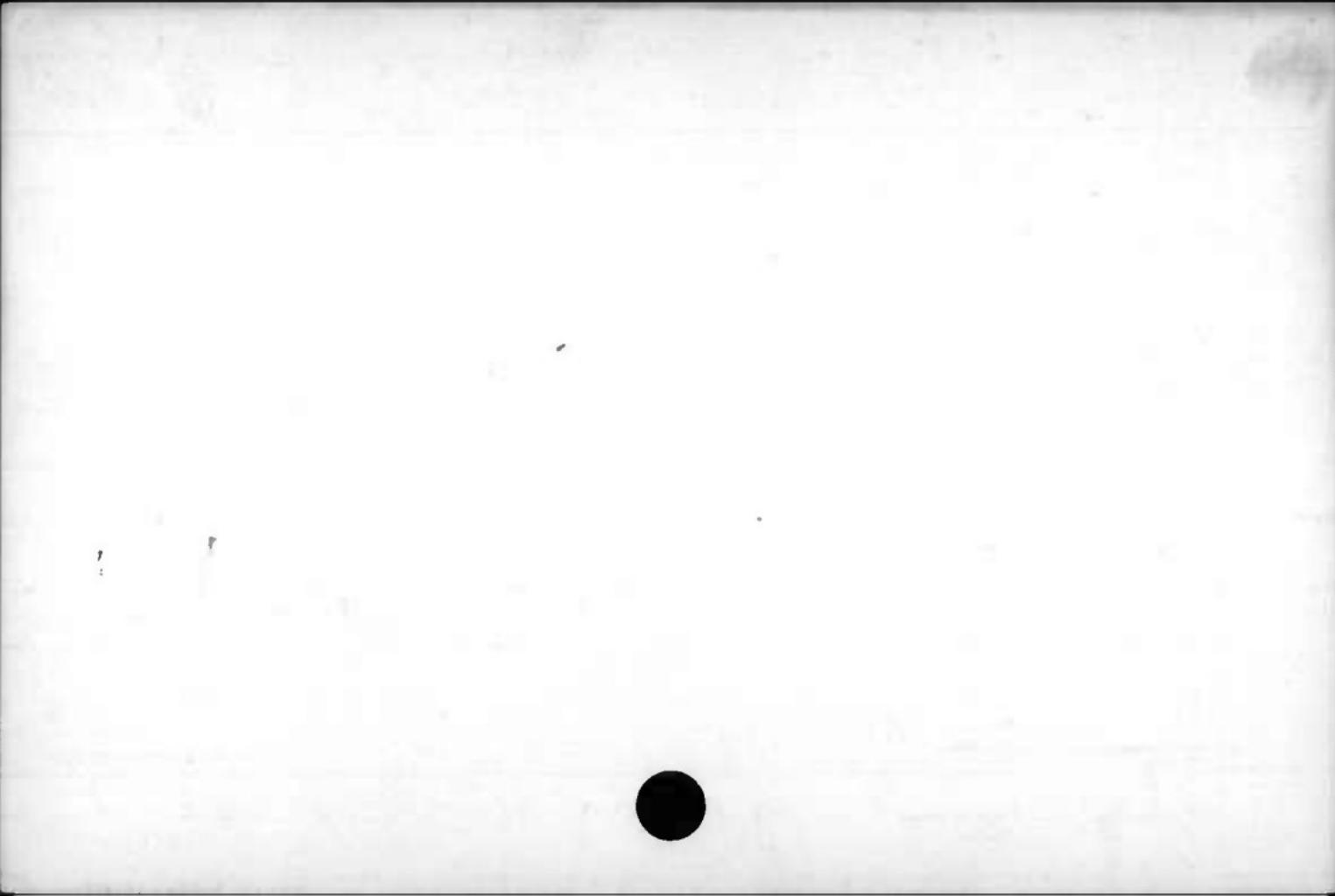
yes

Signature of
Physician

Address

E. G. J. Force
Corr. Md

Accident or Suicide?



Name
in
Full

Dulcy Ann Moore ✓

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1903	Nov.	29 th	Age 65	—	—	
Sex	Female		Color or Race	Birth-place		
Occupation	Cripple		Where Residing if not at place of death	—		
Married, Single or Widowed	Single		Name of Wife or Husband	—		
Father's Name	Edward Moore		(X)	Father's Birthplace	DwCo. Md.	
Mother's Maiden Name	Annie M. Todd		(X)	Mother's Birthplace	Dw. Co. Md.	
Name of person giving information	Susan Nichols		(X)	How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Homicidia

How long

invadid

Immediate

One week

Are the name, age, sex, color, date and place correctly given above?

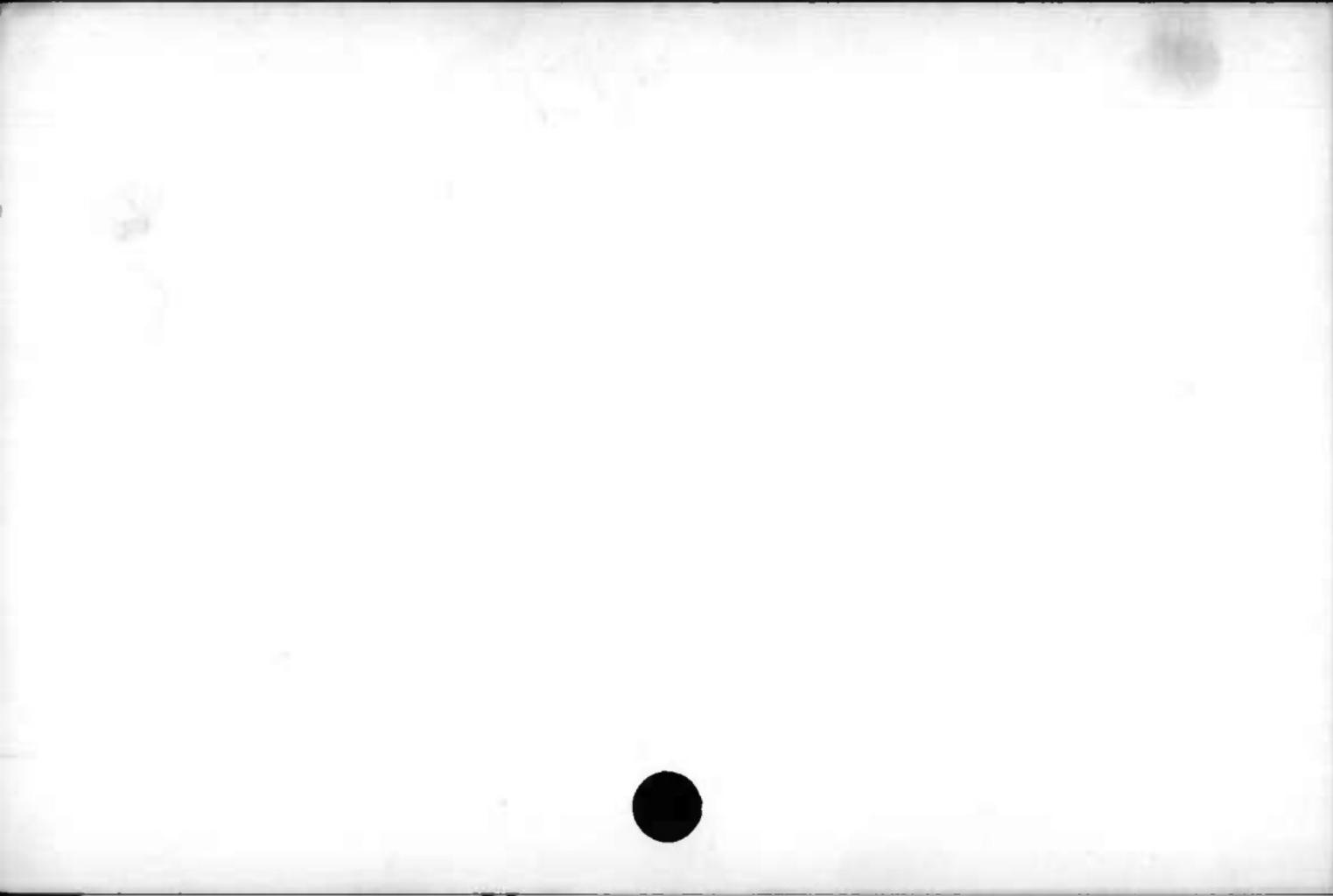
Probably

Signature of Physician

Address

R. L. Smithson M.D.
Church Creek, Md.

Accident or Suicide?



Name
in
Full

Phr. B. Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Cayeland	Orechile	Months	Days
Date of death	Month	Day	Years	
1903	Mar	2	Age	74
Sex	Male	Color or Race	white	Birth-place
Occupation	Sembrarian	Where Residing if not at place of death		
Married, Single or Widowed	Widower	Narror or Wife or Husband	—	
Father's Name	—	—	Father's Birthplace	—
Mother's Maiden Name	—	—	Mother's Birthplace	—
Name of person giving information	—	—	How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	5 days
Immediate	Paralysis of heart	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. J. Price M.D.
		Address	Vienna Md.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James Thompson ✓
Died at Cambridge Town
County Dorchester

CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months	Days
1903	Mar	15	72		
Sex	Color or Race	Birth-place			
Middle	Col				
Occupation	Where Residing if not at place of death				
Farmer	—				
Married, Single or Widowed	Name of Wife or Husband	Maria Thompson			
Widower					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				
James Thompson 93	daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	8-days'
Immediate	Heart Failure	How long	Cambridge
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John More
		Address	Cambridge
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John H Sapp ✓
Died at Lloyds Town Rochester County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1903	Month Nov	Day 21	Years Age 64	Months x	Days x
Sex Male	Color or Race White	Birth-place			
Married, Single or Widowed Married	Occupation Carpenter				
Name of Wife or Husband Eliza J. Sapp.	Father's Name x	Father's Birthplace x			
Mother's Maiden Name x	40	Mother's Birthplace x			
Name of person giving information Geo A Seward		How related to deceased none			

CAUSES OF DEATH

Primary	Cancer of Stomach?	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

S A Sturges
R 48 #5 Cambridge
Md

Accident or Suicide?



Name
in
Full

Henry P Shepherd ✓

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Cambridge	Dorchester				
Date of death 1903	Month Nov	Day 13	Age 38	Years	Months Days
Sex male	Color or Race white	Birth-place Dorchester Co Md			
Married, Single or Widowed married	Occupation Clerk				
Name of Wife or Husband Isabell Barton					
Father's Name Caleb L. Shepherd	IV	Father's Birthplace Dorchester Co Md			
Mother's Maiden Name Elizabeth P. Palliser		Mother's Birthplace Dorchester Co Md			
Name of person giving information Mr Edgar Bang		How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cirrhosis of Liver

How long

Some months

Immediate

Heart Failure

How long

After hours

Are the name, age, sex, color, date and place correctly given above?

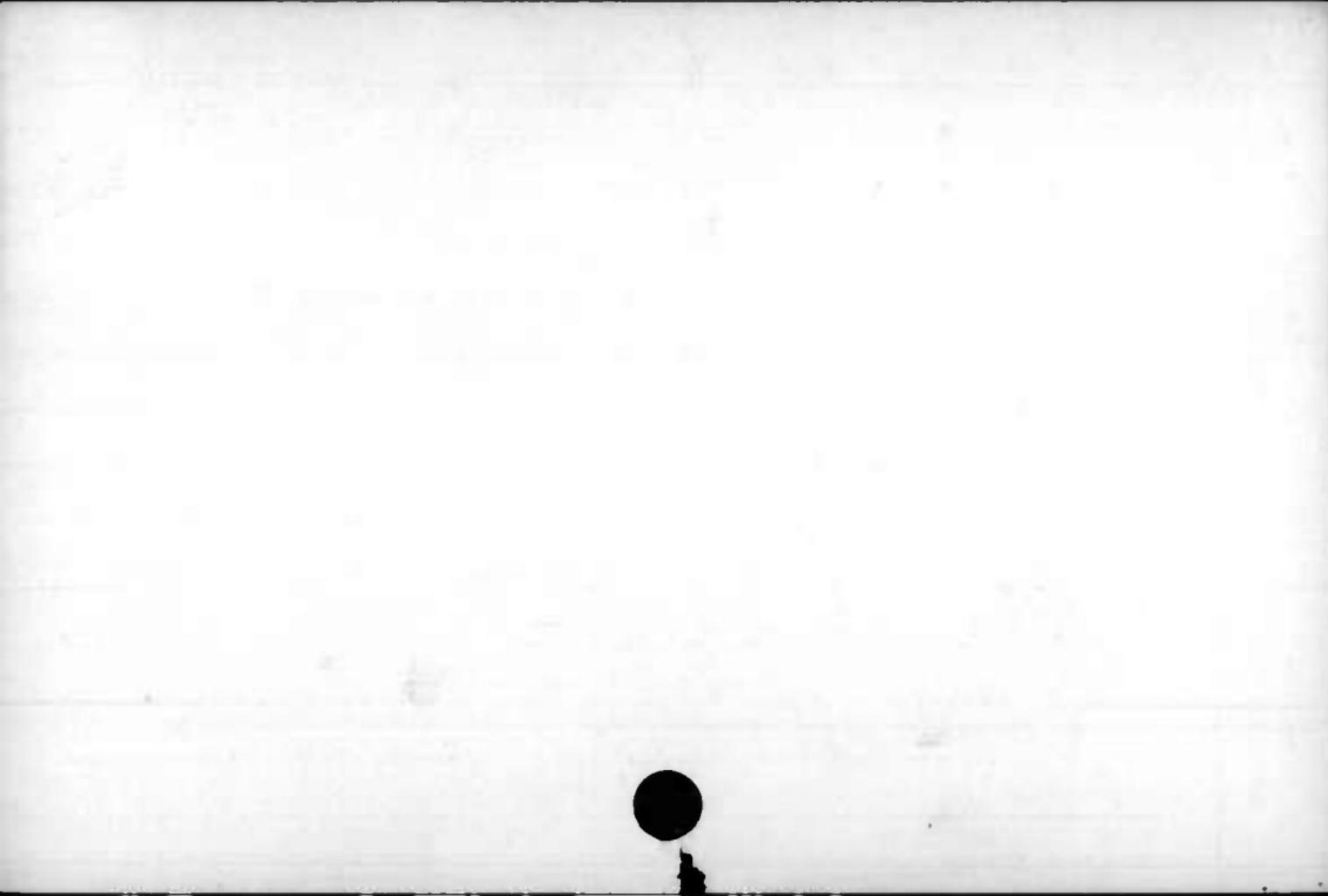
Yes

Signature of Physician

Address

Bethesda Hospital
Cambridge Md

Accident or Suicide?



Name in Full

Certificate of Death

Dorsey Short

Town

County

Died at

Secretary

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Age

9

6

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
ofFather's
NameMother's
Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. A. Sawyer

Address

East Ave



(month) (year)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



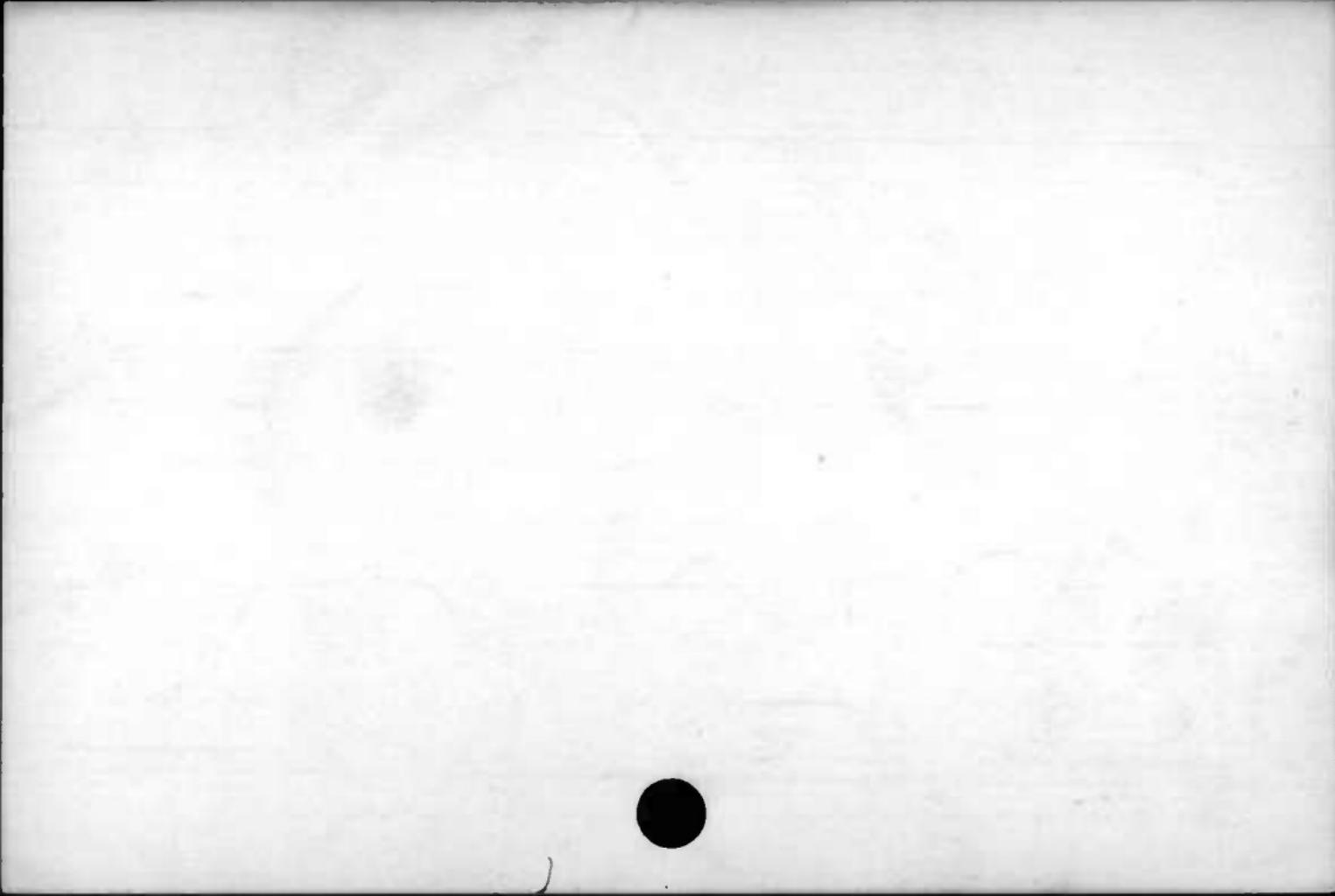
Name
in
Full

Frank Stanley

CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town	County	MARYLAND	
	Date of death 1903	Month Nov. 1	Day 11.	Years 28	Months
Sex Female	Color or Race Colored	Birth-place Maryland			
Married, Single or Widowed Married	Occupation Domestic				
Name of Wife Husband David Stanley.					
Father's Name Robert Thompson				Father's Birthplace Md.	
Mother's Maiden Name Catherine Blake.				Mother's Birthplace Md.	
Name of person giving information David Stanley				How related to deceased Husband	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		
	Immediate		
	Pulmonary Phthisis	How long	8 months.
	Pulmonary Hemorrhage.	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Wilbur A. Drury
	Yrs	Address	Cambridge Md.
	Accident or Suicide?		



Name
in
Full

Mrs Mary Stewart ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Dorchester County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birthplace	Dorchester County	
Married, Single or Widowed	Widow		Occupation	none		
Name of Wife or Husband	Wm J Stewart					
Father's Name	Don't know		35	Father's Birthplace		
Mother's Maiden Name	Dorothy Moore			Mother's Birthplace Dorchester Ma		
Name of person giving Information	Mrs Eddie Stewart			How related to deceased Daughter-in law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age - an stroke

How long

Several years

Immediate

E Lauten

How long

After days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr W Glaubrough
Crown Pointe

Accident or Suicide?

Yerba Buena

San Fran

CA 94102

Name
in
Full

Oden S Todd

✓

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Toddville</u>		County <u>Parkerton</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>November</u>	Day <u>11</u>	Years <u>12</u>	Months <u>1</u>	Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Toddville, Pa.</u>			
Occupation <u>Cutterman</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u></u>				
Father's Name <u>John Todd</u>	Father's Birthplace <u>Pa.</u>				
Mother's Maiden Name <u>Leanne Todd</u>	Mother's Birthplace <u>Toddville</u>				
Name of person giving information <u>Parents</u>	How related to deceased <u></u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Articular Rheumatism</u>	How long <u>8 days</u>
Immediate <u>Pulmonary Embolism</u>	How long <u>about 20 min.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Emma Travers ✓

CERTIFICATE OF DEATH

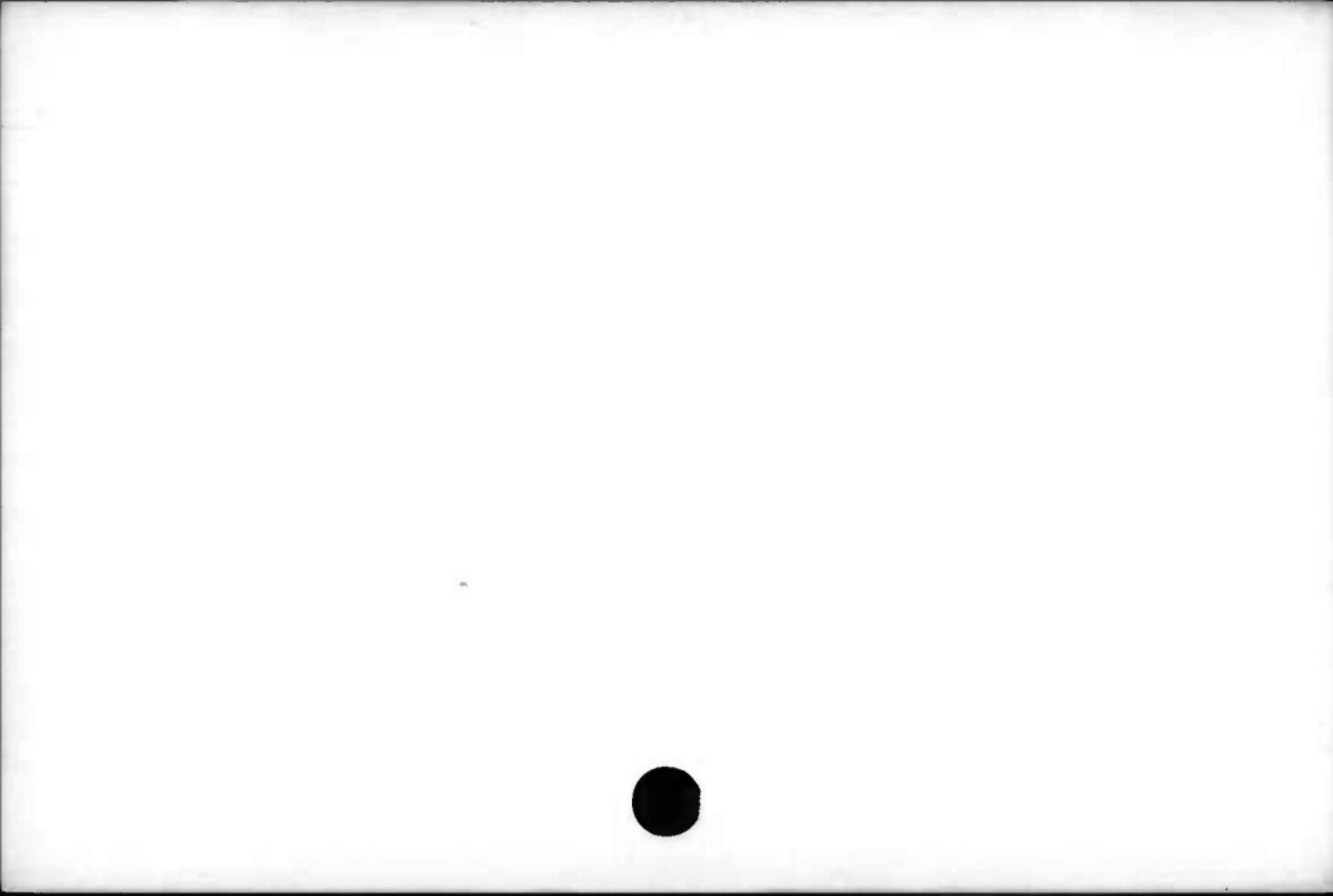
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Nov.	Day 5 th	Years 12	Months 9	Days	
Sex Female	Color or Race White	Birth-place		Madison, Md.		
Married, Single or Widowed Single	Occupation None					
Name of Wife or Husband						
Father's Name Samuel Travers	Father's Birthplace		Madison, Md			
Mother's Maiden Name Matilda Burton	Mother's Birthplace		Madison, Md			
Name of person giving Information Matilda Travers	How related to deceased		Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long about 6 weeks
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	B.L. Smith M.D.
		Address	Madison Md
Accident or Suicide?			



Name
in
Full

Vane

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County	
Cambage	Rochester		
Date of death 1903	Month Nov	Day 1	Years Age
Sex male	Color or Race white	Months Days	
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	Jno W. Vane	150	Father's Birthplace Rochester Md.
Mother's Maiden Name	Annie Oeh		Mother's Birthplace Balt. Md.
Name of person giving Information	Annie Vane		How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cyanosis

How long

Several hours

Immediate

Heart Failure

How long

a few minutes

Are the name, age, sex, color, date and place correctly given above?

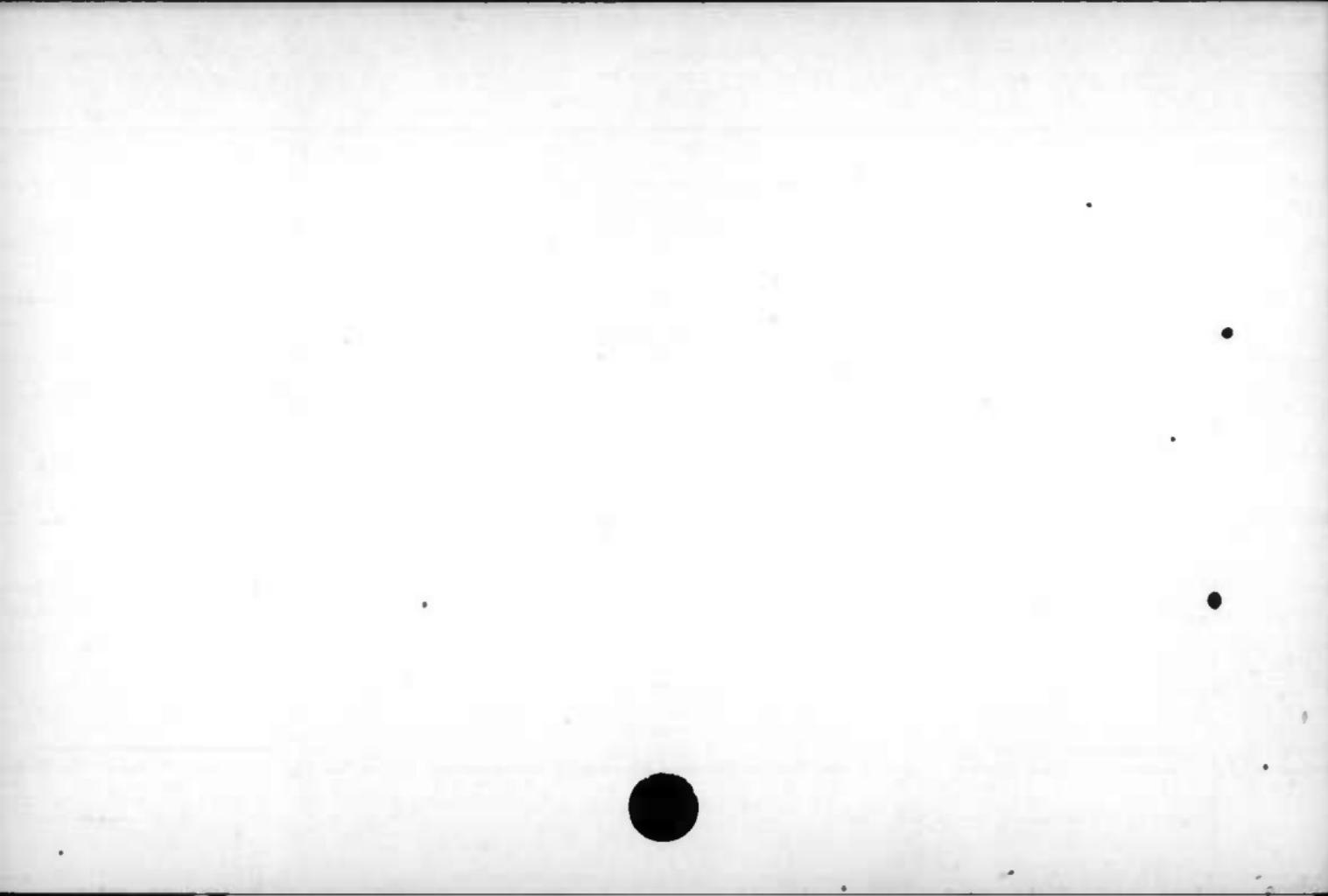
Yes

Signature of Physician

Address

B W Golay, M.D.
Cambage Md.

Accident or Suicide?



Name
in
Full

Rebecca E. Vinton ✓

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	69	10 - 13
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or H—	Thos. P. Vinton		
Father's Name	Sol. Robinson		Father's Birthplace	Somerset Co. Md.	
Mother's Maiden Name	Bradley		Mother's Birthplace	Somerset Co. Md.	
Name of person giving Information	Thos. P. Vinton		How related to deceased	Husband	

CAUSES OF DEATH

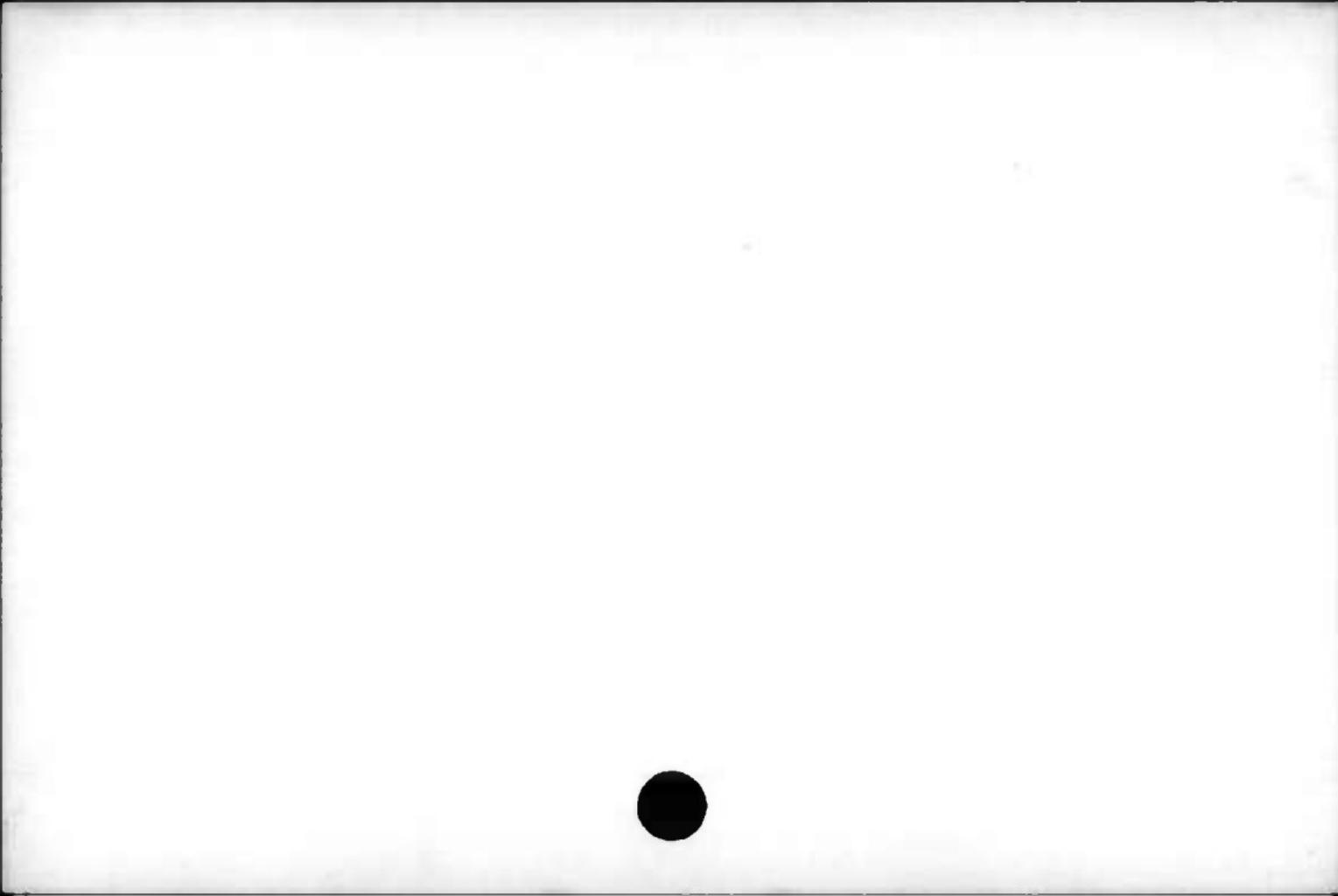
PHYSICIAN
OR CORONER

Primary	Phthisis	How long	5 years
Immediate	Ephantiasis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Mary Still

Address


Cambridge Md.

Accident or Suicide?



Name
in
Full

Sonis Wheatley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Birth-place	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	dead	Mother's Name	Mother's Birthplace
Name of person giving Information	How related to deceased		

1903 Mar 27 20 York County, Maryland

Male Black York

Laborer Commodity

Singe — John D. Wheatley York

dead — York

John Moore

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Cause of Death	
Immediate	Cause of Death	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
yes	John Moore Commodity	
Accident or Suicide?		

